



TEXAS YOUTH COMMISSION CHILD CARE SYSTEM

CONTINUATION SHEET

This information may be detrimental
to patient's mental health if
discussed with patient or misused

Date: 5-13-88

MM-DD-YY

Case Number: 10902158 Student's Name: Masterson, Richard
Last First Initial

Location: Statewide Reception Center

Form Number/Name/Item: Psychiatric Evaluation Page 4

RECOMMENDATIONS:

It is my recommendation that he be considered for residential treatment. At this time, he is not a security risk. He will need special education and family therapy is somewhat of a loss cause. He will need substance abuse counseling and counseling for those who have alcoholic parents. He will need a moderate amount of supervision at the present time. He is not a risk to self or others. He will need some individual and group therapy.

He may be a candidate for psychostimulants for attention deficit, hyperactivity disorder. He appears to have a labile affect which may have an effective component which will respond to Lithium Carbonate or Enderol. He seems highly motivated to change at this time and the prognosis with residential treatment is good.

The report from the dorm indicated that Richard was trying to work through his program but he appeared to have some rough edges.

Kenneth Day, M.D.
W. Kenneth Day, M.D.
Consulting Psychiatrist

WK:ab

SOCIAL HISTORYJPO: (Signature)DATE 4-18-88

CHILD Richard Allen MATERSON J.N. # 106300 ALIAS
AKA Richard Allen masterson
HEIGHT 5'1" WEIGHT 135 EYES brown HAIR black SCARS/MARKS blind in left eye

ADDRESS DOB ZIP 27881HEALTH HISTORY Shot in chest - bullet lodged under heartDRUG/ALCOHOL USAGE Intravenous cocaine, alcoholPRESENT SCHOOL DISTRICT GRADE 10 PROGRAM Op Ed PREVIOUS SCHOOL Brantham M.S. Redene ISDATTENDANCE: good fair poor COMMENTS: DISCIPLINE: good fair poor COMMENTS: CONDUCT: good fair poor COMMENTS: SUSPENSION: yes no REASONS: discipline / truancyEXPULSION: yes no REASONS: GRADES REPEATED 6thAVERAGE GRADES CURRENT EMPLOYER: HOURS ADDRESS: INCOME PREVIOUS EMPLOYMENT SOC. SEC. # ALIEN #: DR. LIC.#:

PREVIOUS PLACEMENTS OR OTHER AGENCY CONTACTS (name, date, reason)

Sibling Ramona Lewis 864-2938Family Friend Wayne Moss 445-3045

ADDITIONAL CONTACTS (name, phone #, relationship)

SIBLINGS KNOWN TO THIS DEPT. (name, juvenile #, Court #, last Court date)

Joseph Masterson # 66275 TYC 8-8-85 3147LDCChristopher " # 68527FAMILY RAPPORT/ATTITUDE & NOTES:



COMMITMENT SUMMARY

TEXAS YOUTH COMMISSION
CHILD CARE FORM

TYC USE ONLY

TYC Number: 07022778
Classifying Offense: 32 02
Date Admitted: 05/04/88
DHS Client Nbr: X

Court ID Code: DD101314A
Classification: 111
Receiving Facility: BSC
Judgment for Support: -Yes -No Amount: \$ _____/mo.
Reasonable Efforts Clause on Commitment Order: -Yes -No

IDENTIFICATION

Name - Last: MARTINSON - First: RICHARD - Middle: ALLEN
AKA: DAVID T. MARTINSON
Social Security Number: 316-93-9269 Sex: -Male -Female
Race/Ethnic: -Anglo -Black -Hispanic -American Indian -Oriental -Other
Citizenship: -U.S. -Mexico -Other
Birthdate: 03/05/72 Birth Certificate Attached: None None
Birthplace: _____
City: HOUSTON County: HARRIS State: TEXAS Country: _____

COMMITMENT

County: HARRIS Date: 04/29/88 Judge's Last Name: BAUM
Court Name: 314th District Court Cause Number: 61,433
Prosecuting Attorney's Name: ODER Probation ID Nbr: 106300

Type of Commitment: -Direct Commitment -Revocation of Probation

Probation Failure: -Yes -No If yes, reason: _____

COMMITMENT REASON

Offense Description: MISCHIEF (2d) UNISMV Offense Code Section: 3103
Offense Level: 8/23/86

Felony

-Capital -1 -2 -3

Misdemeanor

-A -B -C

Family Code

-51.03b

Determinate Sentence: -Yes -No

Length of Sentence (Nbr Years/Nbr Months): _____

Prior TYC Commitment:

Date: 1/1/88

Offense Code Section: _____

Offense Description: _____

REFERRAL SUMMARY

Date of Referral	Referral Offense	Disposition						Adjudicated Offense	Level of Adjudicated Offense		Disposition Modified to Commitment
		CONSOLIDATED & RELEASED	INFORMAL ADJUDICATION	REFUSED	ADJUDICATED TO PROBATION	ADJUDICATED TO DIVERSION	CERTIFIED AS TYPE		FELONY	MISSDEMEANOR	
09-04-86	31-07						✓	31-07	✓		
09-23-86	28-03						✓	28-03	✓		
06-14-86	28-03						✓	28-03	✓		
07-09-86	28-03						✓	28-03	✓		
	31-07							31-07			
1											
2											
3											
4											
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24											
25											
26											

Total Number of Referrals: 03

Total Number of Adjudications/Certifications: 1

PREVIOUS RESIDENTIAL PLACEMENTS

Facility Name / Address	Placed By	Starting Date	Ending Date	Discharge Reason
1				
2				
3				
4				
5				
6				

Total Previous Residential Placements: 0

Number of Prior Placements at:

State Training Schools: 0
 Accredited Psychiatric Hospitals: 0
 Residential Treatment Centers: 0
 Therapeutic Camps: 0

Number of Failed Adoptive Placements:

Age at Time of First Out-of-Home Placement:

Does the Child Have a History of Being:

	No.	Somewhat or Sometimes	Very Much or Often	Unknown
Assaultive with Peers?	<input type="checkbox"/> -0	<input checked="" type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -?
Assaultive with Staff?	<input type="checkbox"/> -0	<input checked="" type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -?

Child Has Been in Outpatient Therapy -Yes -No Results: _____Child Has Been in Inpatient Therapy -Yes -No Results: _____

Other Rehabilitative Attempts: _____

Group Homes / Halfway Houses: NAFoster Families: NASubstance Abuse Programs: NAOther Types of Residential Programs: NA

LAST SCHOOL ATTENDED

School Name: T.S. Grant ham Middle
 City: Houston School District: Aldine

Highest Grade: 06 Enrolled in: 06 Completed: 05 Grades: -Passing -Failing

School Attendance: -None -Irregular -Regular
1187

Type of Class: -Regular -Special Education -Vocational

School Behavior within Last 12 Months: Number of Documented Disruptive Incidents: NA

Number of Suspensions: NA

Number of Expulsions: NA

Child has bullet lodged in chest near his heart

SPECIAL NEEDS

Date Last Suicide Attempt: 1/18 Date Last Suicide Gesture: NA

Number of Suicide Attempts: 10

None	Mild	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of Unauthorized Absences from Secure Placements
 (Correctional or Psychiatric Institutions): THA

Number of Unauthorized Absences from Non-secure Placements
 (Community-based Programs or Foster Families): THA

RESPONSIBLE ADULT

Managing Conservator: -Mother -Father -DHS -Other

Responsible Female:

Name: Ellabelle (Burnett) MASTERS Relationship to Youth: mother

Street Address: 1331 Herkimer

City: Houston County: Harris State: Texas Country: _____ Zip: 77008

Phone: 713-864-2938 Date of Birth: 09/29/36 Social Security Nbr: 410-154-2324

Race/Ethnic: W Date of Death: NA Employed: -Yes -No Current Marital Status: D

Abused as Child: -Yes -No -Unknown Reared in Chaotic Environment: -Yes -No -Unknown

Poor Relationship with Own Parent: -Yes -No -Unknown

Poor or No Peer Relationships: -Yes -No -Unknown